Remarks to the Maryland Hospital Association

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Thank you very much for the opportunity to speak with you all today.

And I use the word "opportunity" on purpose. This is a rare chance for us to talk about the critical challenges facing health care in Maryland and this country, and how Maryland hospitals can continue to lead the nation in addressing key questions of cost, access, quality, and connectivity.

So I would be squandering this opportunity if I just told stories of what it was like to grow up as the son of a hospital CEO. (Sorry,dad).

This is truly an amazing moment in time. I am sure previous health secretaries have spoken about being the crossroads of reform, the waiver, reducing hospital infections, health information technology, and payment changes … but all at the same time?

It can seem overwhelming. I speak from experience: it really can seem overwhelming.

But then I step back. This moment is about a lot of details … but it is also about the big picture. The big picture is that now is the time for us to work together to better align the health care system for health.

When I served as the health commissioner of Baltimore, MD, I asked RAND to analyze ambulatory care sensitive admissions in the city. These are admissions that likely could have been prevented with good outpatient care.

RAND found that despite the incredible health care resources of Baltimore, our rates of ambulatory care sensitive admissions and ED visits were 20% higher among youth and nearly double for individuals age 18 and 39 than the District of Columbia.

In other words, Baltimore is home to some fantastic hospitals, but thousands require hospital services for conditions that could have been prevented – in some groups at a rate higher than RAND, if I recall correctly, had ever seen before.

The researchers called it a disconnect between medical care and public health.

Today, I can say that the disconnect is starting to … connect. And that hospitals are at the forefront of this important transformation.

It starts with payment reform. Maryland hospitals are at the cutting edge of realizing that the future of the health care system is paying for value, not volume. The innovative payment approaches that hospitals have developed with the Health Services Cost Review Commission incentivize the right outcomes for patients, will reduce preventable admissions, and reward hospitals and their partners in the process.

I am committed to advancing these reforms. They not only make sense fiscally and clinically, they tap into the creativity and innovation that drives Maryland forward.

When I recently spoke at Grand Rounds at Johns Hopkins, I said to the residents that if they walked the floors of the hospital, they could probably point out a number of services needed by patients that would keep them from falling so ill again. But until now, it would largely be wishful thinking. Because the system just paid for the admissions, and for few if any of the services to prevent them.

There were a lot of heads nodding among the residents, and I am pretty sure not all of them were falling asleep.

But as we make progress on payment reform, Maryland hospitals will have new mechanisms to implement creative ideas to accomplish the triple aim: a better experience for patients, reduced costs, and better outcomes.

The chief of medicine at Johns Hopkins, Dr. Myron Weisfeldt, took me to a new infusion center for Sickle Cell patients. This innovation reduces costs by reducing ED visits and admissions for patients, and the patients love avoiding the ED visits and the admissions. They're also more likely to come in during crises sooner and get better faster. It's the triple aim.

I'm sure each of your staffs can think of many ideas to save overall costs and improve health … the new payment structures can unleash these ideas for the benefit of Maryland patients and public health.

I will be working closely with the MHA and the HSCRC to continue the forward trajectory of innovative payment reforms in Maryland.

Having the right incentives is critically important. But then we have to take advantage of them.

Implementation of the Affordable Care Act will help. Hundreds of thousands more Marylanders will have access to meaningful health coverage. For decades, hospitals have served as a critical safety net because it's the only system that has an effective mechanism for covering uncompensated care. The challenge has been finding community care for many patients as they leave the inpatient unit. Gradually, as coverage expands, this challenge will ease.

But the Affordable Care Act is not enough. New connections between hospitals and primary care clinicians make it possible to better coordinate care, reduce readmissions, and improve health.

Later this week, Dr. Pat Czapp of Anne Arundel Medical Center will be making a presentation on the progress her health system is making to the Governor's Health Care Quality and Cost Council.

I know that some of the Shore hospitals are using the flexibility under the total patient revenue arrangement to hire outpatient endocrinologists to reduce admissions of diabetic patients and develop nurse-led discharge programs that support patients in their communities.

This is tremendous. And I know that these efforts are just scratching the surface.

A large part of my job is to cheer you on – and I intend to develop a mechanism for the Department of Health and Mental Hygiene to showcase the progress our health care stars are making in transforming health care for the benefit of patients.

Yes, this may involve web videos and/or blogs. (If it involves Twitter, we will be extra careful.)

Facilitating partnerships between institutions is health information technology. Recently, I took a position as the public health representative at the federal policy advisory committee on health information technology. Not knowing much about this field, I explained to other committee members that hundreds of Maryland doctors are signing on for EHRs ... and that we have a health information exchange with commitments for sharing data from every acute care facility in the state.

I caught everyone's attention. Apparently we're doing quite well in developing this technology, and again, Maryland's hospitals are at the leading edge.

What caught my attention was a story. One of the first patients seen after the Health Information Exchange went live at a Montgomery County Hospital turned out to have a pivotal finding on an old CT scan from another institution that turned right up on the exchange. Nobody had to wait hours for medical records to dig up the film. The patient received better care and left quicker.

This can actually work. Connectivity is a critical tool to help clinicians care for patients better.

Yesterday, I joined Lt. Gov. Brown and Med Chi to announce 1000 Maryland doctors have signed on for electronic health records. We are one of the states at the front of the pack among states for electronic health record adoption. There were two things remarkable about this event, held at a large retirement community:

First, many of the residents were there and quite supportive of not having the pressure of remembering their medication list all the time. I say quite supportive, because it was hard for me to leave, and I wound up 45 minutes late for my next appointment.

Second, the President of Med Chi, Dr. David Hexter, spoke at length and with passion about his own frustration in caring for patients without access to good information. At the point of trying to save someone's life, physicians want all the best information to make the best decision. It is no surprise to me why Med Chi has been so proactive in encouraging doctors to sign up.

Dr. Hexter is an Emergency Physician who works in a Maryland hospital. To help doctors like him provide the best care, Maryland hospitals must fulfill their critical commitments to connect to the health information exchange. The state's goal is for connectivity for every hospital by the end of the calendar year. Now is a good time to check with your CIO to find out what you can do to make that happen. Thank you for your leadership.

Just as the health information exchange is as powerful as the number of institutions participating, so are quality initiatives as meaningful as the number of patients they touch.

Maryland hospitals are advancing the quality of care every day. I see this in the reports from the Health Services Cost Review Commission (which shows reductions in preventable complications), from data generated by the Office of Health Care Quality at the Department (which shows better reporting of problems), and in data from the Maryland Health Care Commission (which shows reductions in central line infections). Thank you for these efforts.

Collaborative work is critical, and participation is essential. I am pleased that so many hospitals are participating at some level in the state hand hygiene collaborative. For something as basic as hand hygiene, it is worth going to the extra mile to full participation. I look forward to working with MHA and you all in the coming weeks to achieve full participation … for the benefit of patients.

Recently, I participated in a panel discussion at Johns Hopkins about influenza vaccination of health care workers. I sat next to a senior physician at Bayview Hospital. He told the story of his own recent diagnosis with cancer, and how he spent Thanksgiving with a mask on, meeting his young children for dinner in the hospital cafeteria. Could he eat the meal without his mask on? He asked the nurse? Not if you want to be around for the next Thanksgiving, was the answer.

He told the group, not surprisingly, that he took a keen interest in whether staff were washing their hands.

He also saw infection control from another point of view.

It is with his sense of urgency that I support all of your efforts to reduce infections. I may be in touch from time to time with ideas and encouragement. Let me know how I can help you.

As public health officials get more involved in medical care … hospital officials have every right to get more involved in public health. Hospitals are community leaders that have a tremendous interest in the health of their own workforce and their own communities.

The Department has been working with MHA to develop a mechanism for real collaboration around public health and health disparities at the local level – with a critical role for the hospitals. This mechanism derives from the process of developing a State Health Improvement Plan. This summer, regional planning efforts will launch in which communities will assess their specific challenges and develop strategies to address them. There will be tremendous opportunities to align community benefits with a broader effort to foster prevention and address the determinants of health.

So please feel free to get in touch with your inner public health officer, community health advocate, or healthy community planner.

Thank you for listening to my thoughts today, as I conclude with a simple request. Please do not be a stranger. We are now in the same business – improving the health of people in Maryland. We will not succeed unless we work together, we communicate our needs and expectations, and we build from one small victory to another.

Maryland’s hospitals are paving a path to the future, and I look forward to every step of the journey.